

## **Handbook Acknowledgment/ Receipt**

I understand that it is my responsibility to read and comply with the policies contained in this Handbook and any revisions made to it. The Volunteer Handbook describes important information about the DRHS, and I understand that I should contact the Volunteer Coordinator regarding any unanswered questions. Accordingly, either I or the DRHS may terminate the relationship at will, with or without cause, at any time. This handbook and the policies and procedures contained herein supersede all prior practices, oral or written representations, or statements regarding the terms and conditions of my service with the DRHS. I understand all policies and practices may be changed at any time. All changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.

## **Release of Liability Waiver**

I hereby authorize the Dubuque Regional Humane Society (DRHS) to seek Emergency Medical Treatment in case of accident, injury or illness. I acknowledge my understanding that the handling of animals and other volunteer activities may place me in a hazardous situation and could result in injury and I assume that risk. I agree to hold harmless the DRHS and any employees and/or members of the Board of Directors of said agency from any liability whatsoever arising from my participation in the DRHS Volunteer Program. In consideration of being allowed to participate in the DRHS Volunteer Program, I hereby release the DRHS, its employees, officers and directors from any liability for injuries I might receive in my volunteer activities on behalf of the DRHS. I certify that the above information given is accurate and true. I understand that I must attend a Volunteer Orientation meeting and sign a Volunteer Agreement before I will be allowed to volunteer for the DRHS. As a volunteer of the DRHS, you may have access to confidential information, which is not generally known to or accessible by the public. Disclosure of confidential information is not permitted. This non-disclosure applies during and after your volunteer time with the DRHS. Any copying, reproducing or distributing of confidential information in any manner must be authorized by management. Confidential information remains the property of the DRHS. Understanding that public relations are an important part of a volunteer's activities on behalf of the DRHS, I hereby authorize the DRHS to use any photographs of me in its possession for public relation purposes.

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Volunteer Signature

Date

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Volunteer Name (Print)

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Guardian Signature (If under age 18)

Date

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Guardian Name (Print)